



King County

WASHINGTON STATE UNIVERSITY
EXTENSION



Washington State 4-H Shooting Sports Leader Training Black Diamond, Washington

July 7, 2018

Training Discipline Offered: Archery

This training and certification meets the educational training requirements to serve as a 4-H Shooting Sports volunteer leader within Washington State. In accordance with state policies, 4-H Shooting Sports instructors at the county level must be:

- ⇒ 21 years of age (18 years old for assistant instructors).
Senior 4-H members currently enrolled in 4-H are welcome to attend to gain the knowledge presented
- ⇒ Screened, trained, and appointed as a current 4-H Leader through their local County Extension Office.
- ⇒ Successfully complete leader training session(s) administered and sanctioned through their County 4-H Office.
- ⇒ Trained and certified for each discipline (archery) that they are teaching at the county level.
This is the training they need.
- ⇒ **All** leaders will be required to complete a classroom session with Toni Gwin prior to the training. The pre-range instruction will be July 6 at 7:00 pm. The session will take place over Zoom. Details will follow after registration. Training certificates will not be released until this classroom session has been completed.

Space is Limited

Register Early!





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Training Information:

Saturday, July 7, 2018 **Discipline: Archery**

Location: Black Diamond Gun Club 34862 Enumclaw Black Diamond Rd SE, Black Diamond, WA 98010

Schedule:

8:30 AM - 9:00 AM	Registration
9:00 AM - 1:00 PM	Archery instruction
1:00 PM - 1:30 PM	Lunch (provided)
1;30 PM - Until Finished	Archery instruction, continued

Registration: (Includes cost of instruction, printed materials, and lunch)

Fees: \$50.00 (per Leader) payable by check or money order
Make checks payable to: **King County 4-H Association**

Deadline: Registration forms and fees must be received by **Monday, July 2, 2018**

Send to: WSU King County Extension
1000 Oakesdale Ave SW suite 140
.Renton WA 98057

Questions: Nancy Baskett
.253 224-2884
Nbaskett@wsu.edu

Accommodations:

If you are traveling from outside the local area or you wish to explore before or after the training, King County offers many choices for lodging in Enumclaw or Auburn WA



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Washington State 4-H Shooting Sports Leader Training Black Diamond, Washington July 7, 2018

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Fee Enclosed: _____

I Completed another 4-H Shooting Sport Discipline this 4-H year. Yes _____ No _____

If Yes , please bring your training book with you to the training.

Fee: \$50.00 Please make checks payable to: **King County 4-H Association**
(Please pay by check or money order. We do not have debit or credit card capabilities)

Signature of your County Extension Staff verifying you are a 4-H leader in good standing who has completed leader training.

Signature _____ Date: _____

Dietary Request/Restrictions: _____ None _____ Vegetarian _____ Other (Food allergies, etc.)

Other Restrictions/Conditions: _____

Requests for special accommodations need to be made to the registrar no later than Friday, June 29.

Extension programs and policies are consistent with the federal and state laws and regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local Extension office.



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Washington State 4-H King County 4-H Adult Health Form

Adult Participant Name: _____

Birth Date: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Allergies: _____

Please identify allergies including allergies to food, medications, environment, and drug reactions.

Medication: _____

Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact Toni Gwin at 360-875-9331 or at tgwin@wsu.edu at least one week prior to the event.

What have we forgotten to ask? Please provide in the space below any additional information about you that you think is important or that may affect your ability to fully participate in the program.

This health history is correct and accurately reflects my health status.
I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form.

Signature of Adult Participant: _____ Date: _____

EMERGENCY MEDICAL CONSENT In an emergency that requires medical attention or a situation believed to be an emergency by WSU personnel, I authorize WSU and its authorized agents to obtain emergency medical care for me. I will be responsible for any expenses incurred in doing so including, but not limited to, care by health professionals, hospital care, and ambulance or other services.

Health Care Provider: Name: _____ Phone: _____

Medical Alerts: _____

Medical Insurance Information:

I am covered by family medical and/or hospital insurance _____ YES _____ NO

Primary Insurance Company: _____ Policy # _____

Subscriber: _____ Insurance Phone: _____

ASSUMPTION OF RISK: I am the person whose name is set forth on this form. I understand that there are risks in participating in recreational activities and educational workshops at the Washington State 4-H Shooting Sports Leader Training in Pacific County.

Risks in participating in this 4-H event, including but not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, eye damage, burns or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that WSU cannot specifically anticipate and list here. Further, I recognize that the actions of other participants in the activity may cause harm or loss to me or property.

RELEASE OF CLAIMS AND LIABILITY: I release the State of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees, and the event staff from decisions to seek emergency treatment. I have carefully read this document, understand its contents, and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign freely and voluntarily.

Signature of Adult Participant:: _____ Date: _____

Adult Participant (please print) : _____

IMAGE AND RECORDING CONSENT: I understand that, unless noted below, photos, video, and/or audio recordings made of me at 4-H can be used for publicity or evaluation purposes.

_____ Yes, I agree

_____ No, do not use photo, video, and/or audio recordings made of me